

Agency A/C No: \_\_\_\_\_

## FOREIGN WORKER'S INSURANCE SCHEME PROPOSAL FORM

Policy No: \_\_\_\_\_

Pursuant to Paragraph 5 of Schedule 9 of the Financial Service Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has change.

1. Name of Proposer/Employer : \_\_\_\_\_
2. New I/C No. or Co's Registration No. : \_\_\_\_\_ Tel No. : \_\_\_\_\_
3. Address : \_\_\_\_\_  
\_\_\_\_\_ Fax No. : \_\_\_\_\_
4. Occupation/Business : \_\_\_\_\_ Immigration Office : \_\_\_\_\_
5. Type of Company : Sole Proprietor/Partnership/Private Limited (Sdn Bhd)/Public Ltd
6. If Limited Company : Paid-up Capital \_\_\_\_\_
7. Particulars of Workers (if space provided is insufficient, please attach list)

No.	Name of Workers	Sex	Passport No.	Nationality
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

8. Banker's Guarantee : Per Worker RM \_\_\_\_\_ Total : \_\_\_\_\_
9. Period of Insurance : From \_\_\_\_\_ To : \_\_\_\_\_ ( \_\_\_\_\_ Months)

I/We declare that the above answers and statements are true, and that I/we withheld no information whatsoever regarding this proposal. I/We agree that this Declaration and the answers above given, as well as any proposal or declaration or statement made in writing by me/ourselves or any one acting on my/ourselves behalf shall form the basis of the Contract between me/ourselves and the Company, and I/we further agree to accept the terms and conditions of the Letter of Indemnity overleaf.

Date : \_\_\_\_\_

- NB : Documents Required :
1. Photocopies of I/C of all Guarantors
  2. Form 24 & 49/Borang A & D/Form 9

\_\_\_\_\_  
Signature of Proposer/Employer  
& CO's Stamp

To: **THE PACIFIC INSURANCE BERHAD** (91603-K)  
40-01, Q Sentral, 2A Jalan Stesen Sentral 2,  
Kuala Lumpur Sentral, 50470 Kuala Lumpur, Malaysia.  
(P.O. Box 12490, 50780 Kuala Lumpur, Malaysia.)

Dear Sirs,

**LETTER OF INDEMNITY FOR LETTER OF GUARANTEE NO. :**

In consideration of you having at the request of the Employer named below, executed an indemnity to THE PACIFIC INSURANCE BERHAD (hereinafter called the "Company") for the sum of Malaysian Ringgit : \_\_\_\_\_ only (RM \_\_\_\_\_) pursuant to the Letter of Guarantee issued by the Insurer favouring the Ketua Pengarah Imigresen (hereinafter called the "KPI") guaranteeing the satisfactory performance and observance of the conditions imposed on the Employer and/or Employees named overleaf by the KPI in the Security Bond.

I/We, the undermentioned Employer and/or Guarantors hereby jointly and severally undertake for ourselves our heirs executors administrators assigns and successors that we jointly and severally at all times hereinafter will and sufficiently indemnify you in full against all claims payments demands actions suits proceedings losses liabilities costs and expenses whatsoever which may be taken or made against you or incurred or become payable by you under the liability or obligations of the Letter of Guarantee and we hereby further agree that you may at your absolute discretion compromise all claims payments demands suits proceedings losses liabilities which may be taken or made against you under the Letter of Guarantee and that we also hereby further agree to accept the receipts, vouchers or other evidence of all payments made by you or of all liabilities or obligations incurred by you by reason of the Letter of Guarantee as conclusive evidence against us and our estates of the fact and extent of our liabilities herein to you.

My/Our liability hereunder is irrevocable and shall remain in full force or effect until your liability under the said Letter of Guarantee is discharged and the same have been returned to you for cancellation.

IN WITNESS HEREOF I/WE have hereunto subscribed my/our name/names this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_

\_\_\_\_\_  
(Witness to Signature)  
Name in Full :  
I/C No :  
Occupation :  
Home/HP No :  
Home Address :

\_\_\_\_\_  
(The Employer with Company's Stamp)  
Name in Full :  
I/C No :  
Designation : Company's Director  
Office Tel No :  
Office Address :

\_\_\_\_\_  
(Witness to Signature)  
Name in Full :  
I/C No :  
Occupation :  
Home/HP No :  
Home Address :

\_\_\_\_\_  
(The Guarantor)  
Name in Full :  
I/C No :  
Occupation : Company's Director  
Home/HP No :  
Home Address :

\_\_\_\_\_  
(Witness to Signature)  
Name in Full :  
I/C No :  
Occupation :  
Home/HP No :  
Home Address :

\_\_\_\_\_  
(The Guarantor)  
Name in Full :  
I/C No :  
Occupation :  
Home/HP No :  
Home Address :